

Name  
in  
Full

Andrew J. Blowers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Clayville <sup>Town</sup> Montgomery <sup>County</sup>

MARYLAND

Date of death 1903 <sup>Month</sup> May <sup>Day</sup> Saturday <sup>Years</sup> 82 <sup>Months</sup> 11 <sup>Days</sup>Sex Male Color or Race White Birth-place MarylandMarried, Single or Widowed Married Occupation CarpenterName of Wife or ~~Husband~~ Elizabeth A. AytonFather's Name Jonathan BlowersFather's Birthplace Howard County MarylandMother's Maiden Name Ann BlowersMother's Birthplace (cannot give information)Name of person giving information Rachel R. KennardHow related to deceased Daughter

## CAUSES OF DEATH

Primary Age infirmities

How long

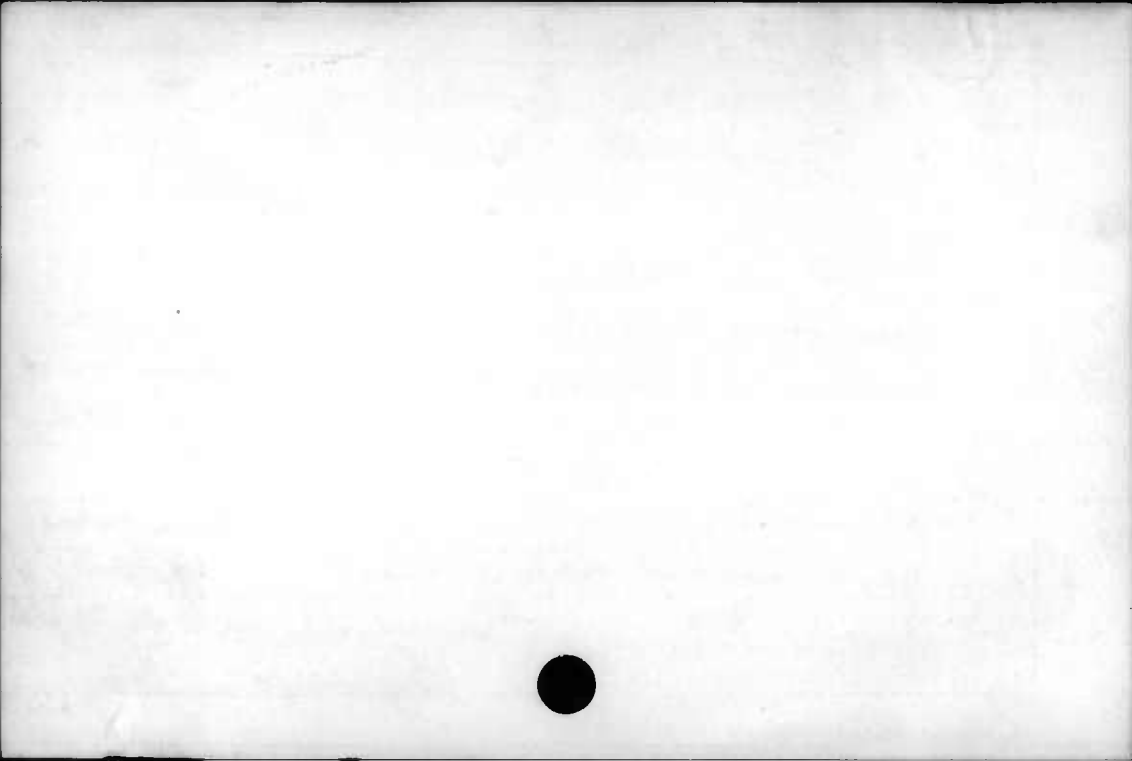
Immediate Cerebral Congestion

How long

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician Basile B. CrawfordAddress Laytonsville Montgomery County Maryland

Accident or Suicide?

PHYSICIAN  
~~OR~~  
OWNER



Name  
in  
Full

Anna Rebecca Bowman

## CERTIFICATE OF DEATH

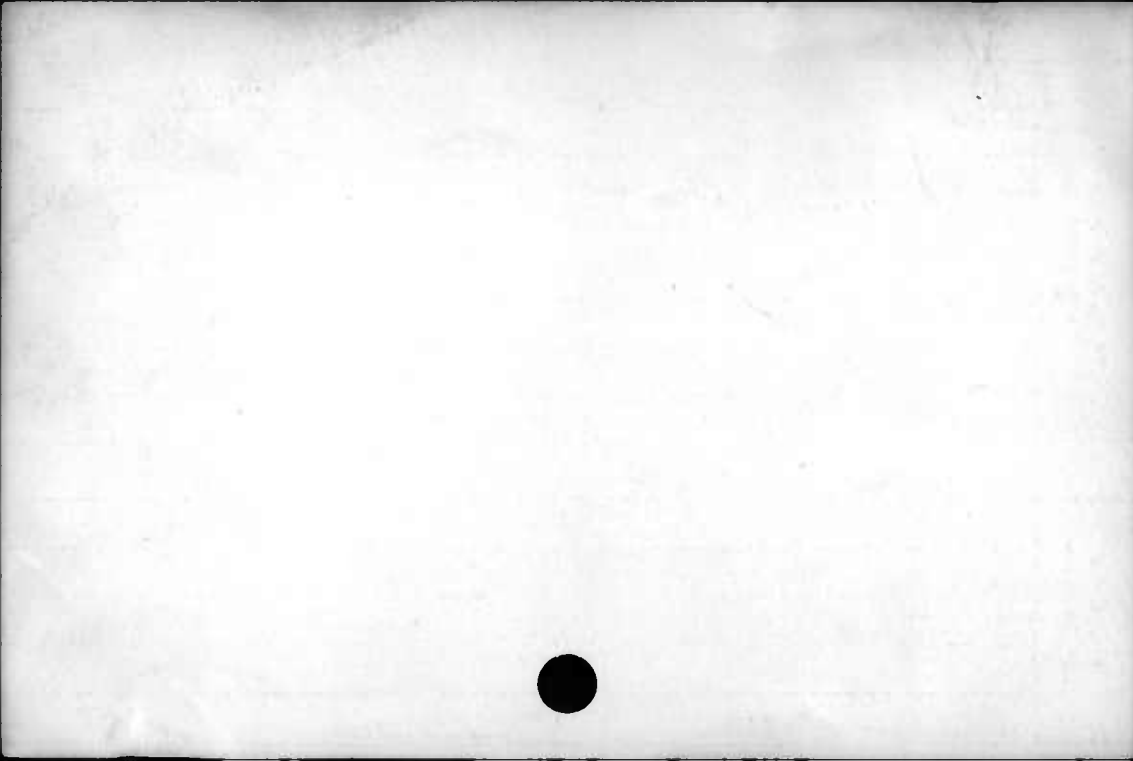
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Laytonsville</i>		Town <i>Laytonsville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>Thursday</i>	Age <i>61</i>	Years	Months <i>21</i>	Days <i>22</i>	
Sex <i>Female</i>	Color <i>White</i>		Birth-place <i>Howard Co., Md.</i>				
Married, <u>Single</u> <del>or Widowed</del>			Occupation				
Name of Wife or <i>Rebecca Wallich</i> <del>husband</del>							
Father's Name <i>Christopher Wallich</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ariana Miller</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Bessie Lenora Bowman</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular disease left heart</i>	How long <i>Three years</i>
Immediate <i>No immediate exciting cause</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Basil B Crawford M.D.</i>
	Address <i>Laytonsville, Maryland</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Sylvester Butler

Died at Loshu Town Montgomery County MARYLAND

Date 1903 May 3 Month Day Y. M. D. Age 1 8 19 Native of IL Occupation —

Male White Married Widow Divorced —  
~~Female~~ Colored ~~Single~~ Widower Number of children living —

Husband of

Wife

Father's Name John Butler Mother's Maiden Name Carrie B. Prather

Cause of Death { Primary Pneumonia How long sick —  
 Immediate 93 Accident, Suicide, Homicide —

Reported by W. H. DysonAddress Laytonsville Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

L. Virginia Dove

## CERTIFICATE OF DEATH

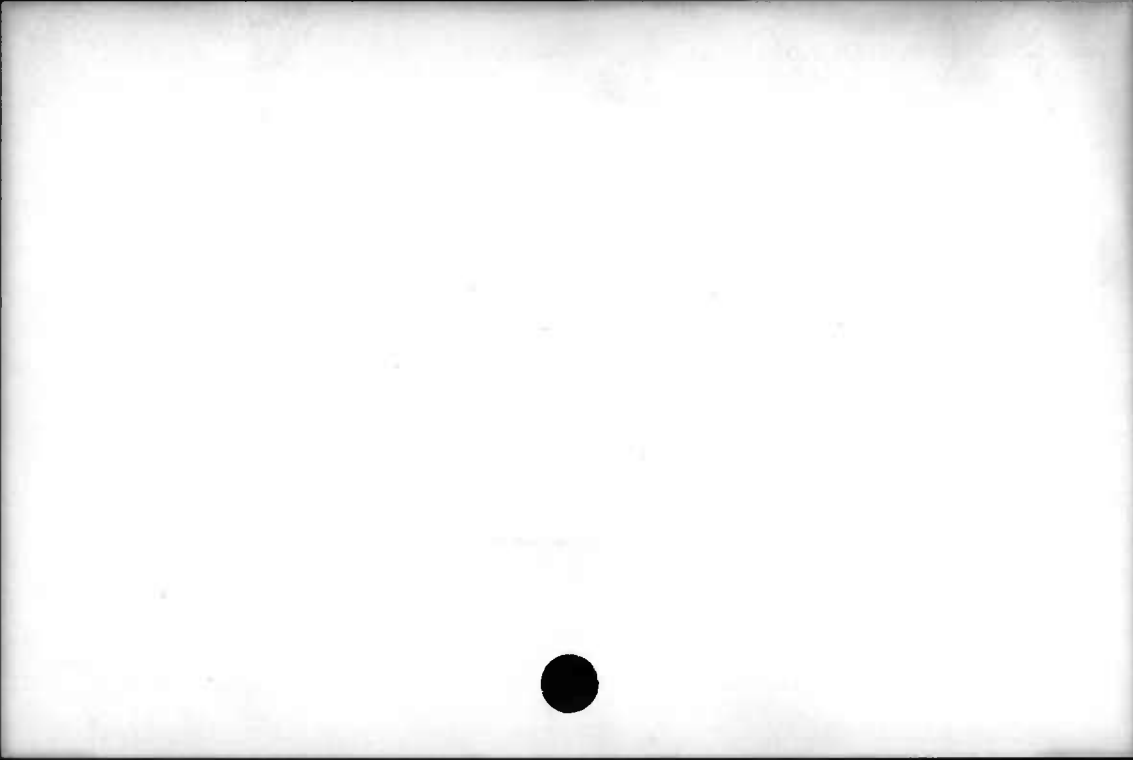
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	May	Day	16	Age	3
Sex		Female		Color or Race		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Consumption	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		





Name  
in  
Full

William Frederick Eekloff

## CERTIFICATE OF DEATH

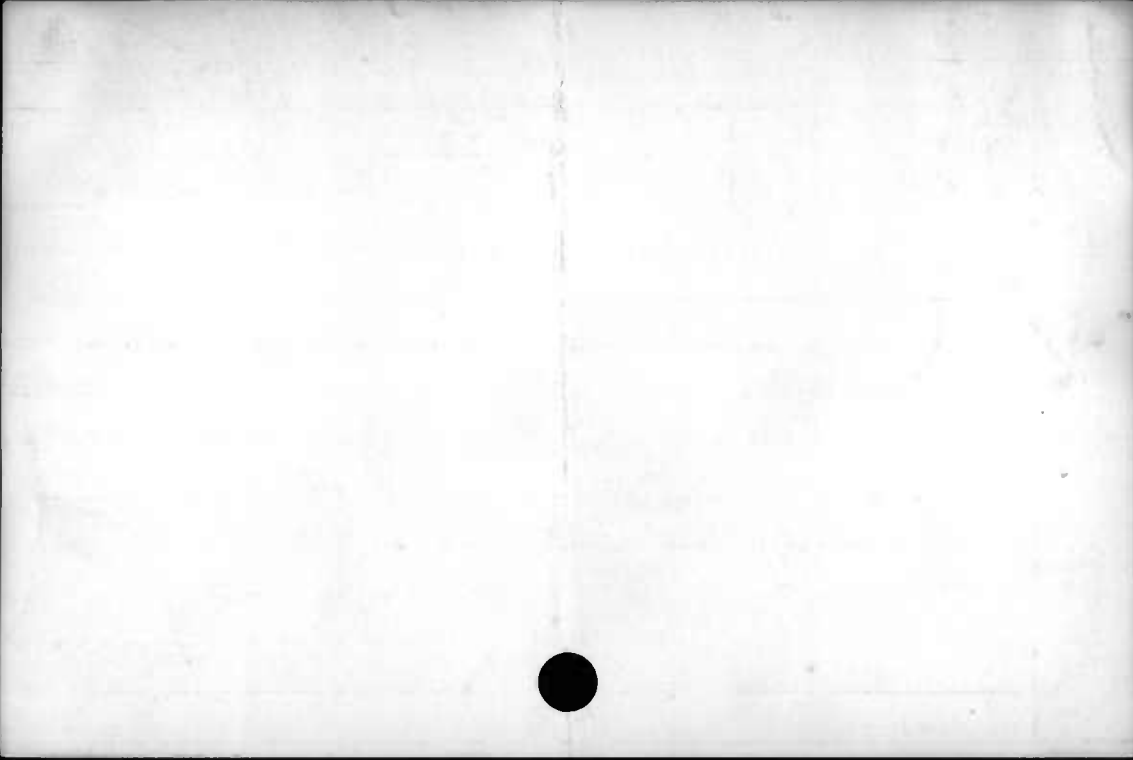
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Silver Spring		Montgomery		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	May	1	6		1	6	
Sex	Male		Color or Race	White		Birth-place	Md.
Married, Single or Widowed	Single		Occupation		None		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Arthur Eekloff				Alle.			
Mother's Maiden Name				Mother's Birthplace			
Rose Arnold				Germany			
Name of person giving information				How related to deceased			
"				Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria		How long	1 week
Immediate	Asphyxia		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes.		H. T. Brown		
		Address		
		Bunt Mills		
Accident or Suicide?		Md.		



Name in Full

Certificate of Death

Mrs Mary Fletchall

Died at <sup>Town</sup> Poolesville <sup>County</sup> Montgomery MARYLAND

Date 1903 <sup>Month</sup> May <sup>Day</sup> 30 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 78. <sup>Native of</sup> Md <sup>Occupation</sup> Housewife

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~ <sup>Number of children living</sup> 2

<sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~

Husband of

Wife

Father's Name Wm J. Poole <sup>Mother's Maiden Name</sup> Harriet Humphreys

Cause of Death { Primary Pulmonary Tuberculosis <sup>How long sick</sup> 7 weeks

Death { Immediate <sup>Accident, Suicide, Homicide</sup>

Reported by

B.W. Walling, M.D.

Address

Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel A. Gayley.

Town

County

MARYLAND

Died at

Hinswanger

Montgomery

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 15

Age

80 - 5 - 4

Ireland

Minister

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cerebral Hemorrhage

How long sick

5 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Wm L. Lewis M A

Address

Hinswanger Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name  
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Full

## CERTIFICATE OF DEATH

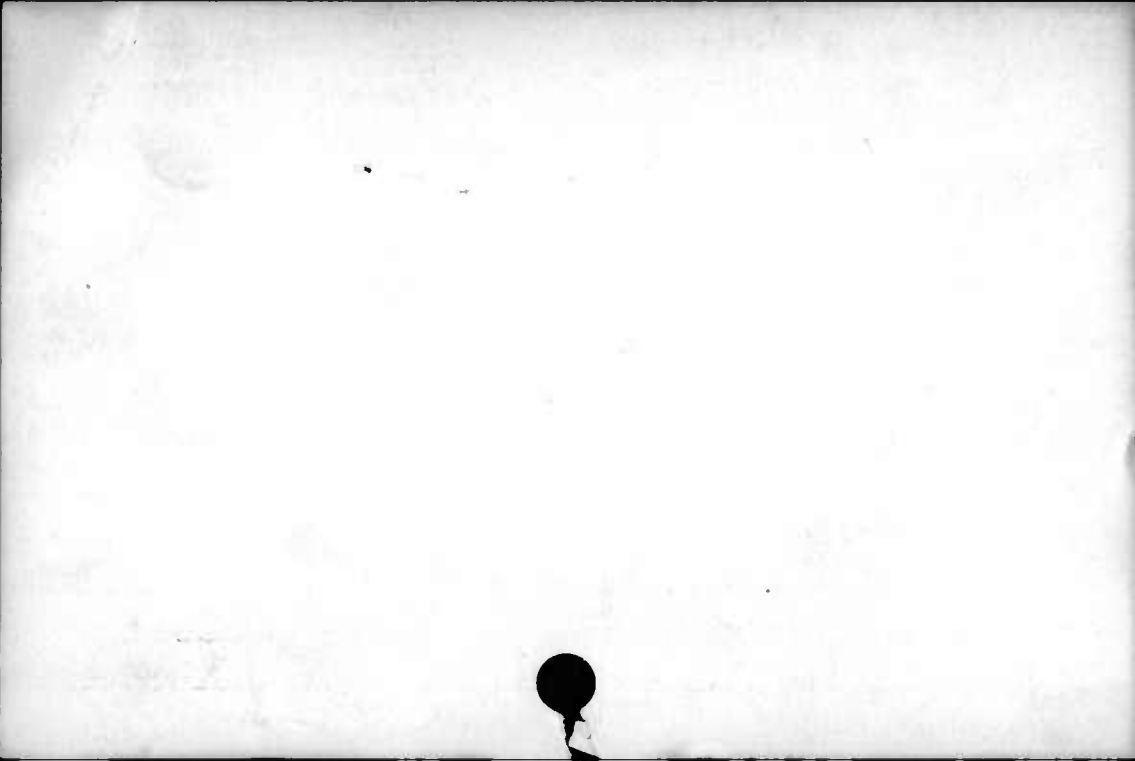
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Kennington</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>5</i>	Age <i>80</i>	Years	Months <i>7</i>	Days <i>8</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>D.C.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>Elizabeth R. Jones</i>							
Father's Name <i>Dr. William Jones</i>	Mother's Maiden Name <i>Carson</i>		1st		Father's Birthplace <i>Ind</i>		
Name of person giving Information <i>Elizabeth R. Jones</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>one day</i>
Immediate <i>Paralysis of the heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Eugene Jones M.D.</i>
	Address <i>Kennington Md.</i>
Accident or Suicide? <i>No</i>	





TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Margaret Ann J. Kilgous				CERTIFICATE OF DEATH	
	Died at		Glen		Town		Montgomery	
	Date of death		1903		Month		May	
	Day		6		Years		87	
	Age		87		Months		Days	
	Sex		Female		Color or Race		White	
	Birth-place				Occupation			
	Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased				

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		Atheromatous (Senile) degeneration		How long		Several yrs.		
	Immediate		collapse		How long		Few hours		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W.R. Andrews M.D.		
					Address		Rockville Md.		
Accident or Suicide?									

1903

Name  
in  
Full

## CERTIFICATE OF DEATH

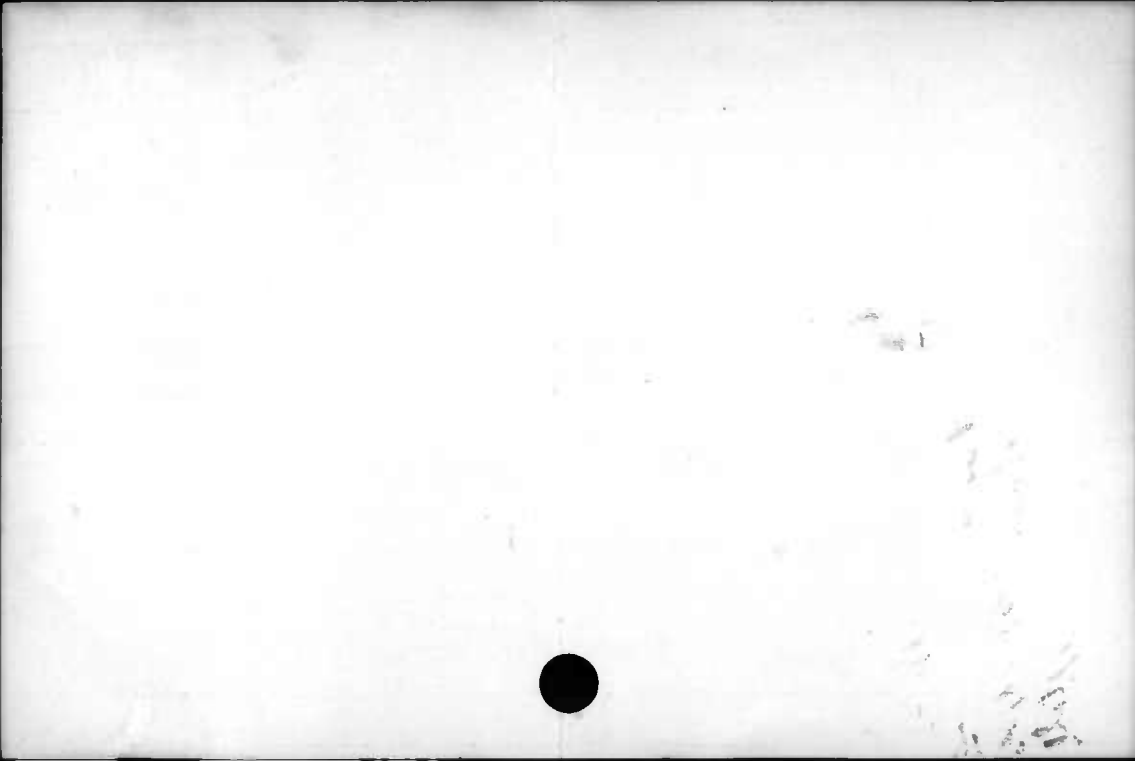
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Shaw</i>		Town <i>Burnt Mills</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Burnt Mills</i>		Month <i>May</i>		Day <i>10</i>		Age <i>51</i>	
Date of death 1903		Months <i>6</i>		Years <i>13</i>		Days <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Lusie Free</i>							
Father's Name <i>Chas Shaw</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Chancey</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Arthur Shaw</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>died sud-</i>
Immediate <i>Paralysis of Stomach</i>	How long <i>dently</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Brown</i>
	Address <i>Burnt Mills</i>
Accident or Suicide?	



Name  
in  
Full

Charles H Smith

CERTIFICATE OF DEATH

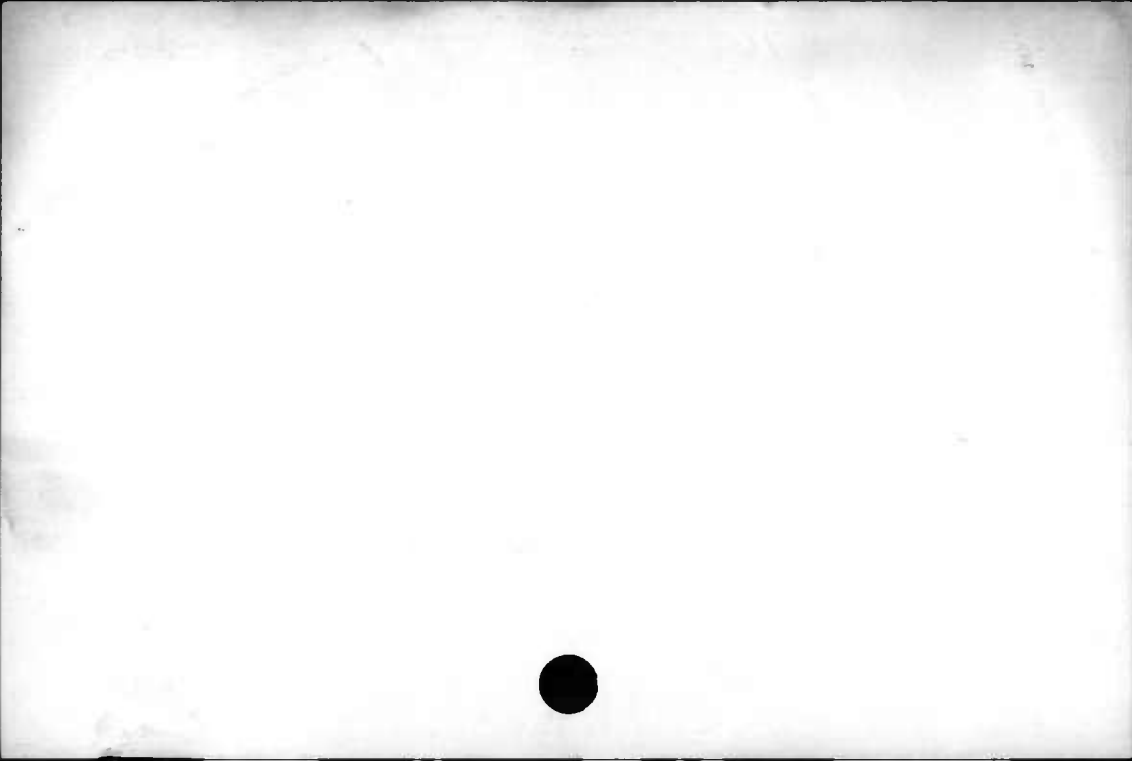
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Coltsville</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>14</i>	Age <i>1</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Coltsville</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>George Smith</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah Johnson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Peter Smith</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping cough</i>	How long <i>month</i>
Immediate <i>convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Batsbn</i>
	Address <i>Abingerville Ind</i>
Accident or Suicide?	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Name *Sumner Hughes* Town *Dawsonville* County *Henry*

Died at *Dawsonville*

Date of death *1903* Month *5* Day *24* Age *27* Years Months *6* Days *5*

Sex *Female* Color or Race *White* Birth-place *Damascus.*

Occupation *Housewife* Where Residing if not at place of death

Married, ~~Single~~ *Widow* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

*Not obtainable now.*

## CAUSES OF DEATH

Primary

*Acute Phthisis*

How long

*5 mo.*

Immediate

*Asphyxia*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*U. D. House M.D.  
Dawsonville Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

